"On The Wilder Side" Registration Form 2012

Circle one:

Session I: July 2-6Session II: July 9-13

Session III: July 16 - 20Session IV: July 23 - 27

Session V: July30 – August 3

Cost: \$200.00 (city resident)

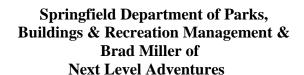
\$225.00 (non-city resident)

Make Ck. Payable to: **Next Level Adventures Mail to: 200 Trafton Road – Forest Park**

Spfld., MA 01108

Participant Information

Last Name:		
First Name:		
Middle Name		
Address:		
City:	State: Zip:	
Date of Birth:	/	
Place of Birth:		
Gender:	Grade:	
Current School:		
Parent/Guardian Name:		
Phone Number:		
Email :		



Recreation Office Telephone 787-6435 Next Level Adventures Telephone 530-1301

Ethnicity:

Circle One White/Caucasian (Non Hispanic)

Hispanic/Latino African American

African American & Hispanic

Caucasian & Hispanic

Asian
Other:_____

Home Language	

Family Size:_____

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Emergency Contact Information

Name:
Relationship:
r -
Phone Number:

Participant Pick Up Information

Please list all people who are able to pick up student (18yrs or older)

Participants will not be released to any individual not listed on this form. Please notify program staff in writing, of changes in pick up information.

Medical Information:	

Please send in copy of latest physical. (Must be within one year of dates attending program)

Parent/Guardian Permission My child has permission to participate in activities provided by agencies participating in the Recreation/Enrichment Programs. I acknowledge that mechild must follow all of the rules in order to participate In the event that I cannot be reached in an emergency, hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume a risks and hazards incidental to and inherent in participation in this program. I hereby waive and release the City of Springfield and its officials, employees an officers from any claims that arise out of a decision of authorize medical/surgical treatment, as well as claim arising out of any personal injury or property damage related in any way to my child's participation in the program. I hereby indemnify and hold harmless those agencies or organizations providing activities for the Recreation/Enrichment Program from claims of this parties arising out of the decision to authorize medical/surgical treatment, or my child's participation in the program. My signature authorizes the Springfiel School Department to release my child's SASI, State I
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numbers, and necessary school documents to the REACH and or CDBG partner program network. The information gathered will be used to apply for and repoin grants the city receives. My signature certifies that have read and understood this disclaimer, and all the program rules and regulations. I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures.
Choose One:YesNo

Date: